

Appendix 3 to DCD 185-002

Officer's Name: Print and Signature

Date

CASE NO.

MARYLAND DIVISION OF CORRECTION
REQUEST FOR ADMINISTRATIVE REMEDY
 (Instructions for completing this form are on the back)

RECEIVED

SEP 03 2019

TO: ☒ Warden of InstitutionEmergency Request: ☒ Check only if your complaint poses a continued threat to your health, safety, or welfare.

FROM: CASON MARC S. 1802571 WILK
 Last Name First Name Middle Initial DOC Number Institution

Housing Location 3-B-5 Protective Custody ☐ Administrative Segregation ☐ Disciplinary Segregation ☒

I'VE BEEN HERE SINCE Part A - INMATE REQUEST AUGUST 23rd, I HAVE NONE OF MY PROPERTY, I HAD NO CATHETERS, I TOLD THE MEDICAL DEPT. THEY SENT ME ONE (1) STRAIGHT CATHETER, I'VE BEEN USING THE SAME ONE FOR OVER A WEEK NOW. I HAVE DEVELOPED A U.T.I. I PUT IN

AUG. 30th 19 (CONT.)
 Date

Thane A Cason
 Signature of Inmate

Part B - RESPONSE

See Attached...

Date

Signature of Warden

You may appeal this response by following the procedure prescribed on the back of this form.

Edgarson ~~Chet~~ 9-1-19
WC 1503-19

Part A (Continued) - INMATE REQUEST

A SICK CALL SLIP, I HAVE YET TO SEE THE DR. OFFICER SCARPELLI TOLD ONE OF THE NURSES THAT BROUGHT THE ONE CATHETER, AND I TOLD HER AND SHOWED HER THAT THEY ARE NOT TO BE RE-USED. SHE SAID THAT THE DOCTOR SAID THAT TO ONLY GIVE ME ONE CATHETER. I'VE ASKED FOR SUPPLIES ONLY TO BE TOLD TO PUT IN A SICK CALL SLIP, IT'S GOING ON TWO WEEKS NOW AND I'M USING THE SAME ONE (1) CATHETER. I AM REQUESTING THAT I BE SEEN, GIVEN THE PROPER AMOUNT OF SUPPLIES AND ADEQUATE NUMBER OF CATHETERS.

Aug 30 19
Date


MARCE CARSON Marce Carson 280571
Inmate's Name: Print and Signature DOC #

WCI-1523-19

Your request for administrative remedy has been found meritorious. You transferred into the institution on 8/23/19. At this time it is noted that you use urinary catheters however there is no documentation that you have any on your arrival nor that you were provided with any. On 9/8/19 you were scheduled with the provider for chronic care however due to family day and you being on segregation you could not be escorted to medical. You were to be rescheduled during the week for this missed appointment. According to your medical file you did submit 3 sick calls related to this issue. You submitted these on 9/16/19, 9/17/19 and 9/18/19. You were evaluated for all three sick calls on 9/22/19 by the provider. This however was outside of the established time frame to be seen for 2 out of 3 of the sick calls. On 9/22/19 you were evaluated by the provider. At this time your medications for pain and discomfort were reordered. You were also ordered the supplies needed for self-cathing yourself. Medical staff is to be reminded of the importance of following policies, procedures and orders thus ensuring adequate medical care is being provided. You will continue to be monitored through the sick call process.

9-24-19


Date


Signature

WCI-2238-19

Your request for administrative remedy has been found meritorious in part. According to your medical file on 11/11/19 you signed the DPSCS Receipt for Accountable Items acknowledging receipt of 56 18 french catheters. It is further noted that you have submitted three sick calls requesting to be seen. One was for your pain and skin cream. The second one was regarding not receiving your supplies. The third one was about a possible UTI. You have been scheduled to see the provider to discuss your concerns however this appointment has been scheduled outside the established time frame for you to be seen. Medical staff is to be reminded of the importance of following policies, procedures and orders thus ensuring adequate medical care is being provided. You will continue to be monitored through the sick call process.

12/23/2019
Date


Signature

Part-B

(Warden's Response)

CASON MARC 180571

DRCF 0241-19

Your Administrative Remedy has been investigated and determined to be **MERITORIOUS IN PART**. Capital Construction conducted multiple site assessments in response to your complaint. It has been determined modifications to existing showers/lavatories/toilets is warranted, including the installation of additional grab bars. We have also identified a need to improve the inmate to shower/toilet/lavatory ratio. Plans are under review to expand housing options for our less ambulatory residents beyond HU1. Weight pit access has also been identified as an area in need of improvement, specifically resurfacing to permit unencumbered access. In addition, it was observed that current table heights in the dayrooms, library, dining rooms and visiting room are not able to comfortably accommodate some of our larger wheelchair residence. We are currently working closely with Capital Construction to expedite the modifications and improvements as needed.

Exterior door thresholds have been assessed and are in compliance. Program activities are, and will continue to be held in accessible areas within DRCF. All programs are conducted in the lower level of each unit, visiting room, dining rooms or the library. There is no further action warranted at this time.

5/21/19

Date



Signature of Warden

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Officer's Name: Print and Signature

Date

CASE NO. Deef 0241-19

MARYLAND DIVISION OF CORRECTION
REQUEST FOR ADMINISTRATIVE REMEDY
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TO: ☐ Warden of InstitutionEmergency Request: ☒ Check only if your complaint poses a continued threat to your health, safety, or welfare.
 FROM: CASON MARC S 180571 D R.C.F.
 Last Name First Name Middle Initial DOC Number Institution

 Housing Location 1-C-5 Protective Custody ☐ Administrative Segregation ☐ Disciplinary Segregation ☐
Part A - INMATE REQUEST

This ARP is based on the following to include, but not limited to: The failure by the Department of Public Safety and Correctional Services (DPS) and the Warden of Dorsey Run Correctional Facility (DRCF) to provide reasonable accommodations as required by the American with Disabilities Act (ADA), and the American Correctional Association (ACA) standards.

3-31-19

Date

Signature of Inmate

Part B - RESPONSE

Date

Signature of Warden

You may appeal this response by following the procedure prescribed on the back of this form.

Part C - RECEIPTCase No. 0241-19
 RETURN TO: CASON MARC S 180571 Deef
 Last Name First Name Middle Initial DOC Number Institution
I acknowledge receipt of your complaint dated 3/31/19 in regard to: Housing/Environmental4/5/19

Date

Institutional ARP Coordinator

 Original: White - Institutional ARP Coordinator
 Copy: Canary - Inmate

S. P. A. J. SGT D.A. Johnson
03/31/2019

Part A (Continued) - INMATE REQUEST

DRCF is one of only two institutions or facilities that except wheelchair bound inmates. It should be noted that DRCF was built after 2010 and was required by law to use the ADA Standards set forth by ADA Title II 28 CFR § 35.152, Jails, detention, and correctional facilities, and Community Correctional facilities. (a) General and (b) Discrimination Prohibited.

(b) Discrimination Prohibited.

(b) Public entities shall ensure that inmates or detainees with disabilities are housed in the most integrated setting appropriate to the needs of the individuals.

See also ACA standard from the forth (4th) Edition 4-4142: Inmates with disabilities are housed in a manner that provides for their safety and security. Housing used by inmates with disabilities is designed for their use and provides for integration with other inmates. Programs and services are accessible to inmates with disabilities who reside in the facility. If the facility accepts individuals with disabilities, it must provide for their housing and use of the facility resources. Housing includes, but not limited to, rooms, sleeping areas, furnishings, day rooms, toilets, wash basins, showers, and their common elements.

In this case the Shower is not handicap accessible: there is no shower hose or appropriate grab rails, or adjustable shower seat(s); The toilet is not within the appropriate height; There isn't the appropriate spacing between bunks for wheelchairs; The exterior doorways have thresholds making it difficult to cross; The weight lift is on a shoe with loose flat rock as its base making it unsafe for my wheelchair and me to use; The det room tables, dining room tables, and visiting room tables are not handicap accessible.

3-30-19

Date

MARCCASON Marc Larson 182571

Inmate's Name: Print and Signature

DOC #

2 of 3

④

SGT. DA Johnson
03/31/2019 DA Johnson

Part A (Continued) – INMATE REQUEST

All of the above issues should have been taken into consideration according to the ADA/ACA guidelines prior to building DRLF's housing unit 1 and 3 (to may include 3 and 4) denying me access to programs, services, and activities.

It should be noted that DRLF's Housing unit 3 has the appropriate handicap accessible shower, but the dining hall ~~toilet~~ is not handicap accessible. Therefore, DPSCS and/or the warden cannot claim that renovations are required to accommodate me when according to them it is already Handicap Accessible and meets ADA standards.

RELIEF REQUESTED

1. DRLF make all the appropriate accommodations to the above mentioned ADA/ACA ~~requirements~~ violations with 15 business days from the date the DPSCS officer signs this APP.
2. If any of the requested accommodations cannot be resolved according to ADA/ACA requirements please include why within Warden's Response.
3. Monetary damages to include, but not limited to after I consult with legal counsel.

3-30-19

Date

MARC CASON *Marc Cason* 180571

Inmate's Name: Print and Signature

DOC #

APR 5 2019

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